

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10646972
APPLICANT(S) _____

FILED DATE _____

| CLAIMS | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
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| TOTAL DEP. | 17 | | | | | |
| TOTAL CLAIMS | 19 | | | | | |
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